

REGISTRY OF INTERPETERS FOR THE DEAF, INC

Certification Maintenance Program & Associate Continuing Education Tracking Program



WORKSHOP EVALUATION



Title:
Date:

Workshop Location:
Presenter(s):

Please read each statement carefully, and then select the number that most accurately describes your thoughts on this event.

(Disagree 1 2 3 4 5 Agree)



The Workshop:

- | | | | | | |
|---|---|---|---|---|---|
| 1. Was well prepared and organized. | 1 | 2 | 3 | 4 | 5 |
| 2. Built an understanding of concepts and principles. | 1 | 2 | 3 | 4 | 5 |
| 3. Had clearly stated objectives. | 1 | 2 | 3 | 4 | 5 |
| 4. Handouts were supportive of the subject matter. | 1 | 2 | 3 | 4 | 5 |
| 5. Was outstanding. | 1 | 2 | 3 | 4 | 5 |
| 6. Room was well set-up and comfortable. | 1 | 2 | 3 | 4 | 5 |

The Presenter(s):

- | | | | | | |
|--|---|---|---|---|---|
| 1. Communicated a clear understanding of course content. | 1 | 2 | 3 | 4 | 5 |
| 2. Helped me apply theory to solve problems. | 1 | 2 | 3 | 4 | 5 |
| 3. Met my instructional level expectations. | 1 | 2 | 3 | 4 | 5 |
| 4. Addressed my needs to my satisfaction. | 1 | 2 | 3 | 4 | 5 |
| 5. I would attend another workshop by this presenter. | 1 | 2 | 3 | 4 | 5 |

Overall Impression:

- | | | | | | |
|--|---|---|---|---|---|
| 1. I will incorporate the skills gained from this activity into my work. | 1 | 2 | 3 | 4 | 5 |
| 2. This activity will contribute to my professional growth. | 1 | 2 | 3 | 4 | 5 |
| 3. This activity will motivate me to seek further continuing education. | 1 | 2 | 3 | 4 | 5 |

Most interesting or most valuable topics: 	Least interesting or least valuable topics:
What other topics interest you? 	Comments:
Thank you for your time and attention! We appreciate your feedback and comments!!	